TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92) EF

See Instructions and *Privacy Statement On Reverse Side

Page	of	Pages	

	•			Stati	ement on	neverse c	nuc				9-			
	ANT'S NAM	valverde				SSAN OR	EMPLOYEE	NUMBER*			DEPAR	TMENT lotor Vel	hicles	
POSITION			CB/ID NUMBER			DIVISION OR BUREAU						INDEX NU	INDEX NUMBER	
Director				00			Executive							
RESIDI	ENCE ADD	RESS *					5 First A						TELEPHO	NE NUMBER
CITY STATE ZIP				E ZIP (ZIP CODE		Sacramento				STATE CA		ZIP CODE 95818	
(1) MO	NTH/YEAR	(3)	(4)	(5)	MEALS		(6)	(7)	TRA	ANSPORTA	TION		(8)	(9)
(2)	2/201	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR	INCIDEN- TALS	(A)	(B)	(C) CARFARE, TOLLS,	-	(D) TE CAR USE	BUSINESS	
DATE	uary					DINNER		TRANS.	USED	PARKING	MILES	AMOUNT		
vai	uar y													
19	0950 1530	Sacramento							sc	18.00				18.00
Feb	ruary													
27		Sacramento/Los Ange	log/						SC		-			
21	1746	Return	iles/						A	15.00				15.00
	_								SC					
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(10)				-				-	-				_	
(10)	SUB	TOTALS								33.00				33.00
Ç	OLUMIN	CODE (ACCTG, USE ONLY)												
	CLA	IM TOTAL										\$	i	33.00
		TRIP, REMARKS AND DETAILS (Attach re									(12) N	IORMAL WOR	RK HOURS	
		eposition 2/27: Participate		Southern	Californ	ia Chapt	er of the	Black E	mpl	oyees	(13) F	PRIVATE VEH	HICLE LICEN	ISE NUMBER
U	nited to	or Equality (BEUFE) confe	rence.								(10)1	THE VE	HOLL LIGHT	IOC HOMBER
											(14) 1	MILEAGE RA	TE CLAIMED)
												Helielelele	ppppppppp	PADAGAGGGE
												ENGY AC		GOFFICE
											PAID B	Y REVOLVIN	G FUND CHE	ECK NUMBER
(15)	California.	CERTIFY That the above is a true statement of a privately owned vehicle was used, and if	mileage rates e	exceed the min	imum rate, I ce	ertify that the c	ost of operati	ng the vehicle	was ed	qual				
CLAIN		er than the rate claimed, and that I have met ety and seat belt usage.	uie requiremen	DATE	u by SAM Sec						ANDE	VALENT	DATE	
		THE STATE OF THE S		DATE		(16.) SIG	NATURE OF	OFFICER AP	HUVII	NG THAVEL	L AND PA	TMENT	DATE	
(17.) \$	GNATURE	AND TITLE OF AUTHORITY FOR SPECIAL	EXPENSES (See Item 17 on	reverse)				-		-		DATE	
1	J. WILL	THE STANTISH FOR SPECIAL	- LA LINGEO (ose nom 17 Of									DATE	